



49553

Supportive Housing Initiative Act (SHIA 2001) Face Sheet

CLIENT ID NUMBER (Use CSI number - if none, use SSN)

0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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Client Ethnicity:

- ☐ White/Caucasian
☐ Hispanic
☐ African American
☐ Asian/Pacific Islander
☐ Filipino
☐ Native American
☐ Other
☐ Unknown

Client Age

- 1
 2
 3
 4
 5
 6
 7
 8
 9
 0

Client's Gender

- ☐ Male
☐ Female
☐ Unknown

Assessment Type

- ☐ Existing
☐ Admission
☐ Semi-Annual
☐ Discharge
☐ Refused to Participate
☐ Screened Out
☐ Deceased

Project Code

- 1
 2
 3
 4
 5
 6
 7
 8
 9
 0

Distribution Date
 - -

- 1
 2
 3
 4
 5
 6
 7
 8
 9
 0

Marital Status

- ☐ Currently Married
☐ Currently Divorced
☐ Currently Widowed
☐ Single, Never Married
☐ Other
☐ Unknown

Status of Children

- ☐ None/No Children
☐ Living with Client
☐ Not Living with Client
☐ Unknown

Client's Primary Mental Health Diagnosis

- ☐ Schizophrenia or other Psychotic Disorders
☐ Mood disorders (i.e., major depressive or bipolar disorders)
☐ Anxiety/Other Disorders
☐ No Mental Health Disorder
☐ Unknown

Substance Abuse Diagnosis

- ☐ Problems With Alcohol
☐ Problems With Drugs
☐ Problems With Both Alcohol and Drugs
☐ Not Applicable - No Alcohol or Drug Problems
☐ Unknown

Is the client an immigrant to the United States?

- ☐ Yes ☐ No ☐ Unknown

If "yes", how long has s/he been in the United States?

- ☐ Less than 2 Years ☐ 6 - 10 Years ☐ Unknown
☐ 2 - 5 Years ☐ More than 10 Years

1. Client's Special Needs:

	Yes	No	Unk
a. Severe and persistent mental illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Substance abuse problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Developmental disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Physical Disabilities or other chronic health conditions (e.g., quadriplegic, blind)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Military Veteran	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. TANF client	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Foster care client aging out of foster care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Transitional Age Youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Exiting jail/prison	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(please specify)

2. History of Chronic Physical Health Problems

- ☐ Minor chronic physical health problems that cause minimal impairment in functioning (e.g., mild asthma, epilepsy, hearing problem corrected with a hearing aid).
☐ Moderate physical health problems which cause some difficulty in functioning (e.g., moderate hypertension, mild cerebral palsy; problem requires medical follow-up several times a year).
☐ Serious chronic physical health problems which causes serious impairment in mobility, speech, vision, etc, despite use of glasses, hearing aids, etc.
☐ Major physical health problems - confined to bed or wheelchair most of the time (e.g., advanced cancer, cerebral palsy).
☐ Not Applicable - no chronic physical health problem
☐ Unknown

Client ID Number (Must be entered on each page and is used to link pages)

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3. History of Homelessness:

- ☐ Previously homeless, currently at risk for homelessness
- ☐ Never homeless, currently at risk for homelessness
- ☐ Homeless, first experience, homeless less than one year
- ☐ Homeless, homeless several times before
- ☐ Homeless for long period of time (i.e., more than one year)
- ☐ Unknown

4. History of Mental Health Treatment

- ☐ No history of treatment despite presence of mental illness
- ☐ Some experience with mental health services
- ☐ Prior hospitalization or inpatient services
- ☐ Lengthy experience with Mental Health services, but no hospitalization
- ☐ Lengthy experience with Mental Health services, including hospitalization
- ☐ Not applicable - no mental health problem
- ☐ Unknown

5. History of Substance Abuse Problems

- ☐ Minor substance abuse problems, no treatment history
- ☐ Serious substance abuse problems, no treatment history
- ☐ Substance abuse problems with some involvement in a treatment program
- ☐ Substance abuse problems with repeated involvement in treatment programs
- ☐ Not Applicable - No substance abuse problems
- ☐ Unknown

6. Criminal History

- ☐ Minor arrest history - nuisance offenses (drunk, disturbing peace, etc.)
- ☐ Several arrests (misdemeanor) and time spent in jail
- ☐ Serious arrests (felony) and spent time in jail/probation
- ☐ Serious arrests (felony) and spent time in state prison
- ☐ Not Applicable - No involvement with the criminal justice system
- ☐ Unknown

7. Employment History

- ☐ Minimal employment history (e.g., a few part time jobs, or one full time job)
- ☐ Sporadic work history (e.g., mixture of full time jobs or part-time jobs and periods of unemployment)
- ☐ Substantial work history (e.g., worked several years at a full time job, or several full time jobs in the same field)
- ☐ None (never employed)
- ☐ Unknown

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8a Client Employment Status (choose one)

- ☐ **Client is employed in the competitive job market**
If yes, approximately how many hours per week:
☐ Less than 35 ☐ 35 or more ☐ Unknown
- ☐ **Client is employed in the noncompetitive job market (sheltered workshop, protected environment)**
If yes, approximately how many hours per week:
☐ Less than 35 ☐ 35 or more ☐ Unknown
- ☐ **Client is not in the job market. Client is (choose one)**
- ☐ Actively looking for work
 - ☐ Homemaker
 - ☐ Student
 - ☐ Volunteer Worker
 - ☐ Retired/on disability
 - ☐ Resident/inmate of institution
 - ☐ Other
 - ☐ Client employment status is unknown
 - ☐ Unknown

8b Client Income (choose all that apply)**Client Sources of Income**

	YES	NO	Unknown
Supplementary Security Income (SSI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8c Change in Client Income (if admission assessment, skip item)

- ☐ Income Increased
- ☐ Income Stayed the Same
- ☐ Income Decreased
- ☐ Unknown

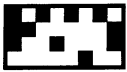
9. Services client has received from this Supportive Housing Project since the last assessment (if admission assessment, skip this section):

	YES	NO	Unknown
Client Declined Any Services (If "yes" is selected, skip the rest of this section.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral to Community Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screening and Diagnostic Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral to Drug/Alcohol Treatment Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral to Regional Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral to Medical Specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case Management Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning For/Referral To Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistance In Applying for Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped Client Obtain Housing (e.g., assistance in filling out lease agreement; help with deposit)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistance In Maintaining Housing (e.g., assistance to prevent eviction)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Client's Previous Living Situation**10a.**

(at time of last assessment or
prior to admission)
(Select code from list below)

10b.

Client's Current Living Situation
(select code from list below)

- A House or apartment (include trailers, hotels, dorms, barracks, etc.)
- B House or apartment and requiring some support with daily activities
- C House or apartment and requiring daily support and supervision
- D Supported housing
- E Foster family home
- F Group Home (includes levels 1-12 for children)
- G Residential Treatment Center (includes levels 13-14 for children)
- H Community Treatment Facility
- I Board and Care
- J Adult Residential Facility, Social Residential Facility, Crisis Residential, Traditional Residential, Drug Facility, Alcohol Facility
- K Mental Health Rehabilitation Center (24 hour)
- L Skilled Nursing Facility/Intermediate Care Facility, Institute of Mental Disease (IMD)
- M Inpatient Psychiatric Hospital, Psychiatric Health Facility (PHF), or Veterans Affairs Hospital
- N State Hospital
- O Justice related (Juvenile Hall, CYA home, correctional facility, jail, etc.)
- P Homeless, no identifiable residence
- Q Other
- U Unknown/Not reported

11a.**Previous Tenancy Status**

(at time of last assessment or
prior to admission)

- ☐ Continuing
- ☐ Evicted due to lease violations
- ☐ Left voluntarily
- ☐ Jailed
- ☐ Hospitalized
- ☐ Unknown

11b.**Current Tenancy Status**

(at time of this assessment)

- ☐ Continuing
- ☐ Evicted due to lease violations
- ☐ Left voluntarily
- ☐ Jailed
- ☐ Hospitalized
- ☐ Unknown

11c.

**If client has moved, select
one of the following.**

Client moved to:

- ☐ more independent housing
- ☐ more restrictive housing
- ☐ Area out of county
- ☐ Unknown

11d.

**If client has moved, was it
against provider advice?**

- ☐ Yes ☐ No ☐ Unknown

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